2017-05-01 13:17:12 CST

12122023573 From: Kimberly Laughrey

epartment of State

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Division of Corporations

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: (850)617-6380

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (512)418-6949 Phone

Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Emad 1	Address			

## REGISTERED AGENT CHANGE LAFARGE BUILDING MATERIALS INC.

Certificate of Status 0 Certified Copy Ð 02 Page Count Estimated Charge \$35.00 S. TALLENT MAY 02 2017

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nnge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida : organized under the laws of the State of _ registered agent, or both, in the State of I	Alabama	is		
1. The name of	the corporation: Lafarge BuildingM	faterialsInc.				
2. The principal	office address: 6211 N.AnnArbor	faterialsInc. ,Dundee,MI48131				
3. The mailing a	ddress (if different):					
4. Date of incor	poration/qualification: 09/16/1985	Document number: P07417				
	d street address of the current regis	tered agent and registered office on file wiresigned)	ith the			
·	ThePrentice-HallCorporationSystem,Inc.					
1201HaysStreet			<u>=</u> %	<del>778</del>		
				7 MAY		
6. The name and (if changed):		ed agent (if changed) and /or registered of	fice	_		
	CTCorporationSystem			:O:	<b>33</b> .	
	1200SouthPineIslandRoad		E S	30 30		
	ox NOT acceptable					
<del>-</del>		street address of the business office of its dopted by its board of directors or by an een notified in writing of the change.		d agei	11,	
Shorlin	ALDas C. re of an officer or director	SharlinAldao-Carrillo, Secretary Printed or typed name and till				
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered ago to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and com and accept the obligation of my position to reflect a change in the registered offic	plete i as registe	red I		
By: WH	poration System	04/24/2017				
•	nature of Registered Agent  thalf of an entity:	Date				
MicheleHolden.						
'Typed or Printed Name						

\* \* \* FILING FEE: \$35.00 \* \* \*

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL32314 CR2E045 (03/12)